



FLORIDA A&M UNIVERSITY

College of Science and Technology

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Tallahassee, Florida 32307
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STUDENT COMPLAINT FORM

Name: _____ **Student ID#:** _____

Term: Fall () Spring () _____ Summer A () B () C () _____
(Year) (Year)

Classification: [] Freshman [] Sophomore [] Junior [] Senior [] Graduate Student

Major: _____

FAMU Email: _____ **Day Phone #:** _____

1. Area of concern (Department/Office/Course):
2. Course Prefix and Number _____
3. Instructor's Name _____
4. Please provide a brief description of your complaint (you may attach supporting documents).

5. Did you attempt to resolve this issue with the personnel/department?

6. What specific resolution are you seeking?

By signing this form, I acknowledge that I have presented the facts of this incident to best of my ability. Deliberate misrepresentation of an incident may lead to a charge for violating FAMU Student Code of Conduct.

Signature

Date

Internal Use Only
<p>Summary of Disposition and Date:</p>